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Martin County-Cieneral File #51

HEALTH OFFICIAL/PUBLIC WATERS REPORT FORM

Enviror 133	STATE BOARD OF HEALTH Immental Laboratory Division 30 West Michigan Street P.O. Box 1964 apolis, Indiana 46206-1964 Date Received
SAMPLES SUBMITTED WITHOUT COMPLETED FOR NOT BE ANALYZED USE SOFT PENCIL OR BLACK Indiana State Board of Health is to mail report to Martin County Health Department (Name) P.O. Box 368	TEST: TOTAL COLIFORM METHOD: MTF Membrane Filtration Presence/Absence
SAMPLE SUBMITTED BY: Rosemary La	
DENTIFICATION NUMBER SAMPLE SOURCE (CHECK ONE) AND DESCRIPTION Drinking Water Symming Pool Spa/N	*If MTF is checked the result is number of positive tubes. If MF is checked the result is organisms per 100 ml. If P/A is checked the result is presence (P) or absence (A)
□Bathing Beach □Surface Water- Ditch, etc. □Meat/poultry Plant □Bottled Water □Dairy □OTHER □	REPORT OF SAMPLES
NAME/ORGANIZATION To Chard Was ADDRESS B 3 Loogootee LOCATION DATE COLLECTED 7-13-92 TIME COLLECTED L ADDITIONAL REPORTS ARE TO BE MAILED T (Name)	UNSATISFACTORY: At examination time, this water was bacteriologically unsafe. PLEASE SUBMIT ANOTHER SAMPLE: TEST NOT VALID BECAUSE: Too long in transit (more than 48 hours) Invalid/no collection date
(Street) (City or Town)	(Zip) Sample type not designated U Other JUL 22 1992

S.B.H. 44-004 State Form 36740 (R3/2-91) PUB WRF/Water Lab 1

RECEIVED

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DEPT. ENVIR. MANAGEMENT DRINKING WATER BRANCH